

Family Caregiver

Sharing Information & Giving Support to Hawai'i's Family Caregivers

VOL. 3 • ISSUE 2 • 2004 • THE EXECUTIVE OFFICE ON AGING • DEPARTMENT OF HEALTH

From early retirement to full time caregiving

by Sandie Sakamoto

At 55, I retired in order to help care for my husband's mother who currently lives with us and to become more involved in the care of my own parents. I attended the CARE club support group to help balance my needs along with everyone else in my family. I also felt that I needed to prepare for an imminent crisis.

My mother and dad had been living independently in their own home. My 83-year-old mother, who was mentally sharp and physically strong, had been Dad's primary caregiver for a while. He had cardiac problems, difficulty walking and moderate Alzheimer's disease. She received limited assistance from my siblings and me. On January 22, 2004, she was rushed by ambulance to the hospital with a high fever and chills. A life threatening infection from a gallstone had rapidly begun to spread throughout her body.

While Mom was in the hospital, my two brothers or I visited her daily and took care of Dad and the house. I spent my days either at their house doing all the millions of things that keep a household running smoothly; or I was at the hospital with Mom, talking to nurses, doctors, social workers or phoning family members and others involved in our parents' welfare. My brothers would visit after work and took turns sleeping over to watch Dad and get him ready for his adult day care program the following morning. We had Dad attend the



entire week instead of the usual 2 days—a big change for him. We knew that he was worried and wanted to visit Mom, so every day either a granddaughter or I picked him up and brought him to the hospital in his wheelchair. Afterwards, one of us would take him home, help him bathe, get his dinner, give him his medications, diaper him and put him to bed. He usually woke with vivid nightmares, which were medication-related, so my brother-on-duty would calm him and help him back to bed. The morning routine was similar to the evening one, and then they would head to work after dropping him off. This became very stressful because Dad did things very slowly and was not always cooperative. On weekends, he stayed home, so we took turns taking care of him around the clock.

Mom was in the hospital for 15 days. She didn't like the food and continued to lose weight, missed

doing her daily exercises and was getting depressed. Finally, she was discharged and I was given instructions for her care at home. It took two family members to care for them on a full time basis, one for Mom exclusively, because she was still suffering from a bedsore, chronic diarrhea and other complications; and the other to assist Dad. We soon became exhausted and desperate for relief, and felt we had to hire outside help, at least for overnight. The nurse quit after the first night. We brought Mom to the



emergency room, and she stayed in the hospital for another week. During that time, I walked our family dog,

and in the privacy of the cool dark night, I would silently cry out for help and find peace for my soul and strength for the days ahead.

When Mom was discharged a second time, we found that providing 24-hour nursing home level care was exhausting—it affected our families and jobs. We hired nursing personnel from an agency. However, setting up this new system was initially very time consuming. I felt I had to be there almost daily to meet, supervise, train and explain what was to be done. With six nurses coming and going on several shifts, it was difficult for everyone to remember what to do and how to do it as prescribed by the doctors. We found that some of the nurses required closer super-

(Continued on page 6.)

Upcoming & etc...

Caregiver Conferences

These conferences offer practical and up-to-date resources, information and skills to help care for a loved one. Dynamic speakers from a variety of backgrounds including nursing, social work, business and law will share their expertise and knowledge.

HONOLULU

Caring for Family, Caring for Yourself: A Caregiver's Conference

Saturday, July 10, 2004

8:00 am - 3:30 pm

Sheraton Waikiki Resort

Twenty-one sessions are offered during the day. Caregivers may choose three sessions. The featured speaker is Leland White, National Director of State Operations for AARP. Family caregivers, \$25; professionals/students, \$50. Scholarships available. For more information, call 523-4545.

Elder Care and Your Business

Saturday, July 10, 2004

7:30 am - 1:30 pm

Sheraton Waikiki Resort

This half-day seminar will provide employers with information about understanding caregiver needs; how to assess the needs of working caregivers; workplace policies and employment law as it relates to caregivers; and navigating community resources. The fee is \$40. For more information, call 545-7319.

ISLAND OF HAWAII

Caring for Family, Caring for Yourself - A Caregiver's Conference

August 5, 2004

8:00 am - 3:30 pm

Hilo Hawaiian Hotel

Twelve sessions are offered during the day. Caregivers may choose four sessions. The featured speakers are James Pietsch and Lenora Lee, Elder Law Program, University of Hawai'i at Manoa. The fee is \$15. For more information, call the Hawai'i County Office of Aging at 961-8600 or 327-3597.

A Multi-Cultural Perspective on Family Caregiving

Training seminar by Maui County Execu-

tive on Aging, John Tomoso

June 26, 2004, 10:00 am - 12:00 pm

Alzheimer's Association-Aloha

Chapter, Maui Office

For more information, call 270-7774

Promoting Partnerships in Fall Prevention: Research into Practice

Tuesday, August 10, 2004

8:30 am - 4:30 pm

Kapiolani Community College

Family Caregivers and Students, \$15;

General Admission, \$30. For more

information, call 734-9138.

Diabetes Summit

September 15, 2004.

Mark your calendars. More information to follow.

Contact: Hawai'i County Office of Aging, 961-8600

Economics of Aging: Financing the Golden Years

October 7-8, 2004

Radisson Waikiki Prince Kuhio Hotel

Mark your calendars! Details TBA.

Memory Enhancer Seminar

For people with beginning memory problems

Second Mondays, from 5:00 - 6:30 pm

Life Care Center of Hilo

Contact: Iris Yugawa, 981-2111

Alzheimer's Association Memory Walk

September 25, 2004

Hawai'i Naniloa Resort

Contact: Iris Yugawa, 981-2111

\$10,000 awarded to support grandparents raising grandchildren

The Executive Office on Aging has been selected as part of the Brookdale Relatives as Parents Program State Initiative. A two-year seed grant of \$10,000 will be used to expand the Caregivers Resource Initiative Program to support kincare families and conduct workshops for kincare caregivers.

Caregiver's Needed!

If you currently provide care or have provided care in the past to a family member at the end of life, you are

invited to participate in a study group session. Dr. Linda McLaughlin, a researcher at the Cancer Research Center of Hawai'i, is exploring the experiences of family caregivers. Sessions will be two hours long, and consist of six to eight other family caregivers. Refreshments will be served. You will receive a \$25 Longs Drugs gift certificate and information on community resources for caregivers for participating. Call Dr. McLaughlin at 586-2978 for more information.



E LOA KE OLA



MAY LIFE
BE LONG

The Executive Office on Aging is the state agency whose mission is to promote dignity and independence of older adults, and to help prepare for the rapid expansion of Hawai'i's aging population.

Phone: 808-586-0100

www2.state.hi.us/eoa

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Choosing a Personal Emergency Response System

A PERS is an affordable, underestimated tool for caregivers

by Cullen Hayashida,
ResponseLink of Hawai'i

At home, family caregivers are coping with the care of their loved ones with increased frailty and in greater numbers than ever before. A major concern facing caregivers is that 30 percent of the elderly experience falls each year. While there are a number of proactive measures that reduce falls by up to 40 percent, they still occur. The key is the ability to access help immediately since there are times when loved ones are left alone for parts of the day.

Given this and other situations facing older adults, it is worthwhile for family caregivers to look at Personal Emergency Response Systems (PERS) as an affordable, underestimated tool that can assist in assuring continued independent living at home for at least another 18 months while providing the family with peace of mind.

In its most basic form, a PERS consists of a small transmitter carried by the user (usually as a pendant) and a receiver base connected to a telephone. If the user falls or has some other emergency, the user presses a pendant button that sends a signal to the receiver base. The receiver then dials the monitoring center, which has medical and family information on each user. The monitoring station will then call the user and send appropriate emergency services depending on the response from the user. Some systems are also including added features such as medication verification, health wellness checks and social companion non-emergency access lines. The next generation of products and services will incorporate telemedicine capabilities to help, diagnose and more carefully monitor and adjust treatment of chronically ill patients at home.

Today, there are between 15 to 20 Personal Emergency Response Sys-

tems currently on the market. They vary in the pendant transmission distance, operator-subscriber ratio, response time, power backup features, Underwriters Laboratory (UL) approval ratings and the professional capabilities of the monitoring center staff. Be careful in that many



have not been approved by UL.

If you are interested in this service for your family member, consider the following when choosing a system:

- Don't fall for high-pressure sales tactics. Some representatives may want you to sign an agreement on the spot. Don't make a commitment under pressure.
- Choose a local provider. Make sure the program you choose is an established, reputable business located in your area with local representatives who can address questions and concerns and provide equipment and equipment maintenance quickly.
- Rent equipment instead of buying. By renting, you are not left with unwanted equipment should you

decide to cancel the service. The provider should be responsible for the maintenance and repair of rented equipment, but ask to be certain.

- Make sure you can cancel at any time. Some companies will try to lock you into a long-term contract. Reputable programs will provide service for any length of time desired, which is especially helpful to those with short-term needs. It is preferable to lease a system on a month-to-month, as-needed basis.
- Evaluate several products. Don't settle on one without reviewing the pros and cons of several products and their services. Is the equipment UL approved? What is the monitoring center's operator-to-subscriber ratio? What assurances are there to protect against system failures? How large an area can the PERS unit protect the subscriber? Is the pendant truly waterproof? What added exclusive features does the system provide?
- Compare cost to value. Don't base a decision only on the lowest price. Generally, monitoring services cost under \$50 per month in addition to an installation fee of about \$50. Are there additional charges for maintenance or repair? Are their charges for false alarms?

If you have any questions, call Cullen Hayashida, ResponseLink of Hawai'i, at 721-1201.

Medicare-approved discount drug cards and the \$600 credit to buy medications

Q: My husband and I have \$17,000 in income annually. With the new changes to Medicare, will we qualify for help in paying for our prescription drugs?

A: At your income level, you and your husband may qualify for assistance under the Medicare Modernization Act. From June 2004 until December 31, 2005, the Act provides

\$600 each year in financial assistance to those who qualify. You will qualify individually for the \$600 credit per person if you have or are eligible for Medicare Part A or Part B; your annual income in 2004 is less than \$14,445 for an individual or less than \$19,386 for a married couple; and you do not have prescription drug coverage through Medicaid,

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H O N O L U L U

EAD welcomes new agencies providing caregiver services

Beginning July 1, 2004, four additional agencies will be incorporated into the City and County of Honolulu Elderly Affairs Division for programs to caregivers.

Hawai'i Family Services, Inc. will be providing group and individual counseling and respite to caregivers 60 years and older caring for grandchildren 18 years and younger. In addition, their Na Tutu Assessment project will be conducting six focus groups in the Waianae and surrounding areas to determine the needs of grandparents' in their caregiving roles. Contact Dixie Padello, Executive Director, at 696-3482 for more information.

The Institute for Family Enrichment (or TIFFE as they like to be called) will be providing caregiver support services targeted to grandparents raising grandchildren in the Waipahu and surrounding areas. Contact Gay Hayashi, Program Coordinator, at 235-0258 for more information.

Waianae Coast Comprehensive Health Center will be providing respite services by extending their adult day care hours to early evenings for caregivers caring for elders 60 years and older. Contact Rosanna Evers, Social Services Director, at 696-4944 for more information.

The University of Hawai'i Elder Law Project is familiar to the aging network in all its current services to seniors, but will take on additional caregiver services. The program will offer group and individual counseling to caregivers of elderly individuals 60 years and older. They will also be publishing a supplement to the very popular "Deciding What If" handbook, specifically designed to assist caregivers with legal issues

affecting their caregiving responsibilities. Contact Jim Pietsch, Supervising Attorney, at 956-6544 for more information.

The following organizations offer continuing caregiver support services:

- The Alzheimer's Association-Aloha Chapter: 591-2771.
- Franciscan Adult Day Care Program: 988-5678
- Ohana Care: 543-8468
- Kokua Kalihi Valley Elderly Program: 848-0977
- Project Dana: 945-3736

M A U I

Caregiver Training on Maui

The Maui County Office on Aging (MCOA) contracted with Maui Community College (MCC) to deliver a series of Spring Semester "Family Caregiver Courses" through its Office of Community Services. There was a minimal fee to attend the trainings, but scholarships were made available through MCOA and MCC. The classes were offered at night and on weekends to allow family caregivers to arrange for alternative caregiving with other family members or with the Maui Adult Day Care Centers, Inc.

Family Caregiver Support Groups and Seminars

Call the Maui Adult Day Care Centers, Inc. at 871-5804 or the Alzheimer's Association-Aloha Chapter, Maui Office, at 242-8636 for dates and times of monthly support groups and educational seminars.

H A W A I ' I

\$50,000 Awarded for Home Health Care

by Debra Ishado, Director, Services for Seniors

In the fall of 2003, the Hilo USDA office convened a group of professionals in education, housing, planning, business, economic development and aging to discuss their interest in a Home Health Care Demonstration Grant. Funding would be awarded in two phases. First, a pre-development planning

grant would be established (\$50,000) to organize a cooperative of home health care workers. Second, a grant to an intermediary would be established to provide loans to the organized cooperative.

The committee worked diligently for six weeks to complete the proposal. On May 14, 2004, the members of the task force, now operating under the umbrella of Hilo Medical Center, were notified that their proposal was accepted for funding. A \$50,000 preliminary grant will be awarded to outreach to the community to find potential members of the cooperative, hold meetings to discuss problems, solutions, and the organizational process; and select a steering committee that will be determined to see the cooperative succeed. Additional activities include conducting surveys of potential members; understanding levels of interest, services to be offered, and levels of commitment to a cooperative; conducting market and costs analyses on services to be offered; conducting a financial analysis; and developing a business plan to determine economic viability.

Cognizant of the workforce shortage in the community, the task force hopes that this cooperative will motivate, entice and stimulate the Island of Hawai'i's young people into going into business for themselves and making a career of working with the homebound and disabled.

CHOC (Caregivers Helping Other Caregivers) Support Group

*Kona Adult Day Center in Kealahou
7:00 pm - 8:30 pm.*

Below are scheduled topics:

June 22, 2004: *Hawai'i County Office on Aging - Caregiver Resource Center*

July 27, 2004: *Talk story & potluck*

August 24, 2004: *Karen Sulick, RN*

September 28, 2004: *Down Memory Lane*

Contact: Jan McCurry, 334-0334

Support Groups for Caregivers of Memory Impaired People

There are multiple locations with various meeting dates and times. Please call Iris Yugawa at 981-2111 for more information.

It worked for me

with Karen Koles

Guest author: Jody Mishan



Disclaimer: The suggestions in It Worked for Me were found to be helpful by contributing caregivers and are not to be interpreted as fact or intended to guarantee similar results. Check with your doctor for dietary restrictions and food consistency issues with regard to swallowing disorders, etc. before giving any foods or liquids to a patient.

Q: My mother has dementia and is now having difficulty swallowing. She can no longer handle even soft foods. We need to start pureeing foods and thickening liquids. Do you have any suggestions that would help?

A: I found that the best machine for pureeing any kind of food, including meats, rice, breads and pastries, fruits and vegetables. It is the Cuisinart Mini-Prep Plus. You can get them at Macy's for around \$39, or sometimes \$30 on sale. I tried several other brands before sticking with this one. The blade is lower to the floor of the plastic container, so it purees smoother and more completely.

Unfortunately, when you wash it, water gets trapped in the handle and mold can start to develop. It's very expensive to order new parts, and the Cuisinart company told me that there's no way to pry the handle apart to clean it. To avoid mold and other hassles, I place waterproof band aids over the little holes, and this has worked very well.

We use Thick-It for thickening the liquids, but it's hard to find in many stores. I get the large 30 oz. containers at Dauterman Medical Supply, or you can buy the smaller 8 oz. jars at Longs.

Q: Are there any kinds of foods that are easier to puree? Can I make the same kind of things my husband used to like?

A: In caring for my 88-year-old father from the beginning to advanced stages of Alzheimer's disease, I have had one philosophy about food: it's one of the only pleasures

left to him in this world. Therefore, I'm going to make sure it tastes good, he gets variety and that he is able to experience the tastes we all crave on this planet while he is still able. The new challenge of pureeing foods did not change that goal.

We know what our loved ones always liked to eat, so you just figure out how to puree the same foods to the right consistency, which is pudding-like, smooth and without lumps.



If you're just starting out, you need to use small amounts of liquid to puree foods, like milk, juice, gravy or soup.

There are some foods that seem to taste better pureed, and the meal can look like an offering at a fine French nouvelle cuisine restaurant, with different colored mounds of food arranged like art on the plate.

Salmon purees very well. I cook it the way he used to like it, with olive oil, lemon, garlic and parsley. To puree it, I use a little milk or the juices left in the pan. With that I might serve broccoli and carrots, simmered to soft and also pureed with a tiny bit of milk. Regular or sweet potatoes can be cooked and mashed with a little butter. Or, as Karen Koles recommends, rice can be cooked with chicken or beef broth until very soft, and then pureed. Another quick and simple meal is to scramble eggs with a thin slice of cheese, and puree it with a little milk.

In discovering these new ways of preparing familiar foods, you realize that they all taste great. Pureeing vegetables in particular—hot and lightly buttered or seasoned—tastes like delicious soup. You can mix vegetables for different textures and tastes. Try adding cooked yellow squash to broccoli, for example. It sweetens and smoothes it out.

With the right amount and kind of liquid, you can puree just about any-

thing they used to like, even meats. I've even been able to puree lamb chops. I add more water than normal to make the lamb tender, and cut it into tiny pieces to puree it with pan juices. The taste is magnificent, much better than baby food, which can be very bland.

There's no reason to deprive them of their favorite baked goods either! You can puree wheat bread by toasting it, cutting off the crust, adding a tiny bit of hot water and a pad of butter. It tastes like warm buttered bread. Same goes for corn bread or cakes.

A quick and easy idea is to puree frozen Eggo waffles by toasting one, and while it's still hot, breaking it up, adding a bit of hot water, a pad of butter, a teaspoon of maple syrup. One of Dad's favorites over the years was peanut butter, which is dangerous for folks with dysphagia to eat. So I add a teaspoon of it to the waffle mixture. The result is heavenly.

For chocolate chip cookies, you can just melt one in a saucepan with a little hot water until it gets soft, and serve it that way, without pureeing.



Often for dessert, I give him a Double Chocolate or Orange Milano Pepperidge Farm cookie and dip it into hot thickened coffee or milk. He can nibble the soft moistened part.

The sky's the limit with what you can puree. It just takes a tablespoon of patience, a sprinkling of creativity, a pint of your time and a gallon of love. Jody Mishan has been primary caregiver for her father for five years. She is the public awareness coordinator for Kokua Mau, a partnership for improving care at the end of life, and a free-lance writer/producer.

Readers: What would you like to read about in future columns of "It Worked for Me"? We want to hear from you! Call us at 586-0100.

Caregiver Legislation: A Recap of the 2004 Regular Session

To fully engage our advocacy role in caregiver-related policy issues, the Executive Office on Aging relies on your knowledge, experience and perspectives to help us prepare for and participate in the legislative process. As such, we report here on the measures of the 2004 Legislative Session that affect Hawai'i's caregiving community. It is our hope that the information will assist you in making a full and objective assessment of the 2004 Regular Session.

- The Caregiver Data measure would determine the demographics, needs and financial costs of Hawai'i's caregivers by requesting the Executive Office on Aging to provide data on Hawai'i's family caregivers and the older adults to whom they provide assistance (H.C.R. No. 154). It was adopted by the Legislature.
- The Supportive Services for Caregivers measure would have required the Department of Health to provide services to maintain and enhance caregiving for persons 60 years old or older in community-based homes that are not fee-for-service businesses (H.B. No. 2114/S.B. No. 2591). However, it failed to pass the Legislature.
- The Education and Training measures provided educational resources to family caregivers by appropriating funds to Kapiolani Community College to establish a Long-Term Care Caregiver's Resource Center (H.B. No. 2112) and train families on how to be successful caregivers (H.B. No. 2113/S.B. No. 2571). However, it failed to pass the Legislature.
- The Respite Services measure provided emotional, physical, and mental relief for caregivers by appropriating funds for respite services for family caregivers (H.B. No. 2113/S.B. No. 2571) and establishing the Hawaii Respite Services Trust Fund. This fund would provide the funding for grants to caregivers for respite services (H.B. No. 2708/S.B. No. 3037). However, it failed to pass the Legislature.
- The Caregiver Recognition measure

urged the Governor, the Departments of Health and Human Services and the University of Hawai'i to recognize the importance of the contributions of family caregivers and to support them to the extent possible as a State objective in serving the State's long-term care needs (S.C.R. No. 75/S.R. No. 35/H.R. No. 91). These resolutions were adopted by the Legislature. Another measure made it a State objective to recognize the contributions of family caregivers and to support them, to the extent possible, in serving the long-term care needs of the State's residents (H.B. No. 2016/S.B. No. 2221). This measure failed to pass the Legislature.

- The Caregiver Tax Credit measure established a \$500 tax credit for providers of eligible care recipients (H.B. No. 2110/S.B. No. 2573). However, it failed to pass the Legislature.
- The Caregiver Reimbursement measure appropriated funds to the Departments of Health and Human Services to reimburse family caregivers who provide at-home care (H.B. No. 2015/S.B. No. 2225). However, it failed to pass the Legislature.

- The Consumer Direction measure gave consumers more choices and greater control over the purchased long-term care they receive by requiring the Department of Human Services to establish a consumer-directed care program that allowed recipients of home- and community-based services to select the services they need and to choose their providers (H.B. No. 2107/S.B. No. 2258). However, it failed to pass the Legislature.
- The Grandparents Raising Grandchildren measure authorized a minor's caregiver to consent to health care service for the minor and established requirements for a caregiver consent affidavit (H.B. No. 1868/S.B. No. 2161). However, it failed to pass the Legislature.
- The General Caregiver Support measure prioritized the government's role in supporting family caregivers by appropriating funds to the Executive Office on Aging for a Family Caregiver Services Coordinator position, and establishing an advisory board to address family caregiving issues (H.B. No. 2113/S.B. No. 2571). However, it failed to pass the Legislature.

Early retirement; full time caregiving

(Continued from page 1.)

vision when some crucial medications were missed.

We are learning that we must remain flexible, patient and be ready for changes. Mom's bedsore finally healed after three months of daily care, weekly homecare visits and a dietitian's advice to have her eat more protein. We thought we were finally in for smooth sailing, but then her lab results came back indicating a bladder infection. The medication started the whole cycle of diarrhea over again and she was admitted to the hospital a third time. Dad could not visit because he came down with a cold, and she couldn't talk on the

phone because of the tube that went into her nose and down her throat into her stomach. Even with constant explanations and comforting, Dad would worry. The stress took its toll, and on the day she was discharged, he was admitted with pneumonia!

Dad's doctor said he may face another hospital stay due to his declining health, and our family may need to make some difficult decisions regarding his long-term care. Knowing that the crisis will come again, I'm glad that we have the support of family, friends and church. We appreciate and take advantage of the many community resources available to caregivers, such as support groups, exercise classes, caregiver training and conferences. And, I'm grateful for my Christian faith that gives me strength and peace for the journey.

A group that spreads CARE

It's the middle of the week—"hump" day—and a group of people are gathering over coffee and tea in a comfortable room in Manoa Valley to breathe a deep sigh of relief and have a chance to "talk story" with each other. The cheerful chatter starts as soon as they come in the door. The coffee table in front of the sofa is spread with newsletters and pamphlets of current eldercare resources. They might also note the bulletin board listings, search for something in the library to borrow or check out a video.

What they have in common is that they are all caring for an elderly loved one. And all of them are seeking a place where they can speak freely about their challenges, frustration, joys, confusion and whatever is on their minds with others who can empathize and may have some good tips on how to navigate the latest bend in the road.

**We like to laugh,
sometimes we cry, but
we always "talk story."**

This is the CARE Club caregiver support group (Caregiver Activities, Respite and Education). We meet on alternating Wednesdays from 9:30 am to 11:00 am at Eldercare Hawai'i, 2909 Lowrey Avenue, in Manoa. We'll hear news of those who were unable to make it and learn of any events or classes of interest. Sometimes there will be an outside "guest expert" to talk about a particular resource or topic, and sometimes they end up telling us about their own personal caregiving experiences! At times we will invite a private geriatric nurse case manager to be our visiting expert to consult on a variety of issues requiring a greater level of medical expertise. We have watched films, tried different stress management techniques and exercises, used visualization when things were particularly tense and had special "renewal days" with massage thera-



Featured Caregiver Support Group

CARE Club Support Group

Contacts: Alex Au
Phone: 988-5678
Deborah Jackson
Phone: 988-6300

pists and meditation. We like to laugh, sometimes we cry, but we always "talk story."

Funded by a grant from the Elderly Affairs Division, the Franciscan ADC contracts with Deborah Jackson of Eldercare Hawai'i to act as coordinating consultant and facilitate the group meetings.

The purpose of the group is to provide peer support, health promotion, education and respite referral for unpaid family caregivers. What makes it unique is that we are committed to responding first to the people in the group rather than running a curriculum of topics which may not relate to what their primary concerns are at the current moment. Our aim is to provide a smaller group setting where participants can share and explore their joys, fears, personal experiences and the ongoing journey. Although we love to problem solve, we view the caregiving experience as more than that.

Although the group does not favor field trips or outings, we have on occasion met in a beautiful botanical garden, the Waioli Tea Room or the Contemporary Museum for a change of pace and renewal. Currently, most of the members are either self-employed or have retired early to

care for a family member. Time is always very valuable, and a variety of reasons will cause a person to miss a meeting. Consultation by phone is always available, and participants receive referrals to a variety of community resources as the need arises.

As is typical of most caregiver support groups, we have gone through a few cycles already. At times someone will need to place a loved one in a care home or nursing facility. They are encouraged to continue to meet with us in order to make this difficult transition. Caregivers have returned to share their stories after their loved one has died. This helps us all to prepare for what's ahead, and to find closure with that person who has shared so much with us. Although each end-of-life experience will be different, it helps to be able to speak openly about it.

An exciting offshoot of the CARE Club has been the Family Caregiver Training, a six-part program meeting once a month on Saturdays to address specific areas of caregiver concern. The two programs work hand-in-hand, and provide for those who want more of a "class" with hands-on skill training, as well as those who can only meet on week-ends. The first series of classes will end in June, and reservations for Fall classes are currently being taken.

For more information or to join, please call Alex Au at 988-5678 or Deborah Jackson at 988-6300.

Where Do I Start?

The best place to start in getting information on caregiver services in your community is your county office on aging. They can be reached at the following numbers:

Honolulu Elderly Affairs Division
523-4545

Kaua'i Agency on Elderly Affairs
241-6400

Maui County Office on Aging
270-7755

Hawai'i County Office on Aging
961-8600 (Hilo)
327-3597 (Kona)

Medicare-approved discount drug cards and the \$600 credit to buy medications

(Continued from page 3.)

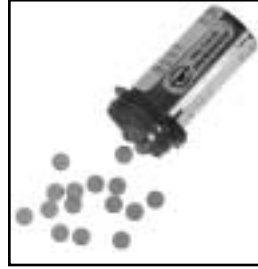
TRICARE, VA or insurance from a former or current employer.

Drug coverage from a Medigap plan H, I or J does not affect your eligibility. If you already have discount cards or are enrolled in other prescription assistance programs, you can still qualify for the \$600 annual credit. If you are receiving help to pay for Medicare costs through one of the Medicare Savings Programs (QMB, SLMB, Q-1), you qualify for the \$600 credit.

To apply, first pick the Medicare approved discount card that best meets your needs. You and your spouse may pick different cards depending on your current prescriptions. Companies have already started advertising and begun enrollment. You can also go to the Prescription Discount Assistance Programs found at www.medicare.gov or by calling 1-800

Medicare (1-800-633-4227).

Second, call the company for their application and send in the completed application to the company. You will not need to pay the enrollment fee. Medicare will pay it for you. The discount card company will verify your eligibility with Medicare. If you are eligible, they will send you the discount card loaded with a \$600 credit you can use toward the purchase of your prescriptions. If you do not qualify, they will return your application and you may appeal the decision.



The company will provide a list of participating pharmacies. When you purchase your medications, give the pharmacist your discount card. You will pay a co-pay of either 5% or 10%, depending on your income, and the rest of the cost of the medication will be deducted from your card.

Remember, anyone can sign up for a Medicare approved discount card and receive the promised discounts. It

does not matter what your income is. However, income guidelines are only for the \$600 per person transitional assistance credit. If you think you qualify for the \$600, we urge you to sign up now to take advantage of the full benefit of this short-term program.

If you are a member of HMSA 65C Plus, you need to contact HMSA for the information on the \$600 credit and application. The number for HMSA 65C Plus is 808-948-5555 or 1-800-620-4672, or you can visit your local HMSA office.

Given your income, you and your spouse may qualify for other assistance in paying for your prescriptions. Call Sage PLUS at 808-586-7299 or 1-888-875-9229 for more information on the Medicare approved discount cards and on other ways to save money on your prescriptions. Sage PLUS is a free, unbiased counseling program provided by the State of Hawai'i, Department of Health, Executive Office on Aging, through a grant from the Department of Health and Human Services, Centers for Medicare and Medicaid Services. You can also call 1-800-Medicare or visit their web site at www.medicare.gov.

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